

08-01-01

**UTILITY**  
**PATENT APPLICATION**  
**TRANSMITTAL**

PTO/SB/05 (03-01)

Attorney Docket No.:	TC00113	Total Pages:	2
First-Named Inventor or Application Identifier	Raghunandan Sanjeev		
Title:	METHOD OF DYNAMICALLY CONFIGURING ACCESS TO SERVICES		
Express Mail Label No.:	EL568746528US		

(Only for new nonprovisional applications under 37 CFR 1.53(b))

<b>APPLICATION ELEMENTS</b> (see MPEP chapter 600 concerning utility patent application contents)	<b>ADDRESS TO:</b>	Assistant Commissioner for Patents Box Patent Application Washington, D.C. 20231
--	--------------------	--

1. <input checked="" type="checkbox"/> Fee Transmittal Form <i>in duplicate</i>			
2. <input checked="" type="checkbox"/> Specification	Total Pages	21	
3. <input checked="" type="checkbox"/> Drawings	Total Sheets:	3	
4. <input checked="" type="checkbox"/> Oath or Declaration with Power of Attorney	Total Pages	5	
a. <input checked="" type="checkbox"/> Newly Executed (original or copy)			
b. <input type="checkbox"/> Copy from prior application (37 CFR §1.63(d)) (for continuation/divisional with Box 17 completed)			
i. <input type="checkbox"/> <u>Deletion of Inventor(s):</u> Signed statement attached deleting inventor(s) named in the prior application (see 37 CFR §1.63(d)(2) and 1.33(b))			
5. <input type="checkbox"/> Incorporation by Reference ( <i>useable if Box 4b is checked</i> ) The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.			
6. <input type="checkbox"/> Application Data sheet. See 37 CFR 1.76			
7. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission			

**ACCOMPANYING APPLICATION PARTS**

8. <input checked="" type="checkbox"/> Assignment Papers ( <i>cover sheet and document(s)</i> )			
9. <input type="checkbox"/> 37 CFR §3.73(b) Statement (when there is an assignee)	<input type="checkbox"/> Power of Attorney		
10. <input type="checkbox"/> English Translation Document ( <i>if applicable</i> )			
11. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)Form PTO/SB/08	2	Copies of IDS Citations	
12. <input type="checkbox"/> Preliminary Amendment			
13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) ( <i>should be specially itemized</i> )			
14. <input type="checkbox"/> Certified Copy of Priority Document(s)			

A  
jc971 U.S. PRO  
09/919396  
07/31/01

15.  Nonpublication Request Under 35USC 122(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent

16.  Other:

17. **IF A CONTINUING APPLICATION**

*check appropriate box and supply the requisite information below  
and, if applicable, in a preliminary amendment:*

Continuation

Divisional

Continuation-  
in- Part (CIP)

Prior Appl. No.

Prior Appl. information:

Examiner:

Group/Art Unit:

**CORRESPONDENCE ADDRESS**

<input checked="" type="checkbox"/> Customer Number or Bar Code Label		2 2 8 6 3	<input type="checkbox"/> or	<input type="checkbox"/> Correspondence address below
NAME	Kevin D. Wills			
	Agent for Applicant(s)			
Reg. No.	43,993			
ADDRESS	Motorola, Inc. Law Department P.O. Box 10219			
CITY	Scottsdale	STATE	AZ	ZIP CODE
COUNTRY	U.S.A.	TELEPHONE	480-441-4207	FAX
				480-441-5220

**SUBMITTED BY**

NAME	Kevin D. Wills	Reg. No.	43,993
SIGNATURE			
DATE	July 31, 2001	Deposit Account User ID	13-4771

**FEE  
TRANSMITTAL**

Patent fees are subject to annual revision

TOTAL AMOUNT OF PAYMENT

(\$1,118.00)

Complete if Known

Application Number

Filing Date

First Named Inventor

Examiner Name

Group Art Unit

Attorney Docket No.

TC00113

**METHOD OF PAYMENT****FEE CALCULATION (continued)**

1.  The Commissioner is hereby authorized to charge indicated fees and credit any overpayment to:

Deposit Account Number

13-4771

Deposit Account Name

Motorola, Inc.

Charge Any Additional Fee Required  
Under 37 CFR 1.16 and 1.17  
 Applicant claims small entity status.  
See 37 CFR 1.27

2.  Payment Enclosed:

Check  Credit Card  Money Order  Other

**3. ADDITIONAL FEES**

Large Entity	Small Entity			
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
105	130	205	65	Surcharge - late filing fee or oath
127	50	227	25	Surcharge - late Provisional filing
139	130	139	130	Non-English specification
147	2520	147	2520	For filing a request for ex parte Reexamination
112	920*	112	920*	Requesting publication of SIR prior to Examiner action
113	1840*	113	1840*	Requesting publication of SIR after Examiner action
115	110	215	55	Extension for reply within first month
116	390	216	195	Extension for reply within second month
117	890	217	445	Extension for reply within third month
118	1390	218	695	Extension for reply within fourth month
128	1890	228	945	Extension for reply within fifth month
119	310	219	155	Notice of Appeal
120	310	220	155	Filing a brief in support of an appeal
121	270	221	135	Request for oral hearing
138	1510	138	1510	Petition to institute a public use proceeding
140	110	240	55	Petition to revive - unavoidable
141	1240	241	620	Petition to revive - unintentional
142	1240	242	620	Utility issue fee (or reissue)
143	440	243	220	Design issue fee
144	600	244	300	Plant issue fee
122	130	122	130	Petitions to the Commissioner
123	50	123	50	Processing fee under 37 CFR 1.17(q)
126	180	126	180	Submission of IDS
581	40	581	40	Recording each patent assignment per property (times number of properties)
146	710	246	355	Filing a submission after final rejection (37 CFR § 1.129(a))
149	710	249	355	For each additional invention to be examined (37 CFR § 1.129(b))
179	710	279	355	Request for Continued Examination (RCE)
169	900	169	900	Request for expedited examination of a design application

SUBTOTAL (1) (\$710.00)

**2. EXTRA CLAIM FEES**

Extra Claims	Fee from below	Fee Paid
--------------	----------------	----------

Total Claims	36	-20** =	16	X	18	=	288.00
Independent Claims	4	-3** =	1	X	80	=	80.00

Multiple Dependent		270	=	
--------------------	--	-----	---	--

Large Entity Fee Code	Entity Fee (\$)	Small Entity Fee Code	Entity Fee (\$)	Fee Description
103	18	203	9	Claims in excess of 20
102	80	202	40	Independent claims in excess of 3
104	270	204	135	Multiple dependent claim, if not paid
109	80	209	40	** Reissue independent claims Over original patent
110	18	210	9	**Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$ 368.00)

\* Reduced by Basic Filing Fee paid

SUBTOTAL (3) (\$ 40.00)

\*\*OR NUMBER PREVIOUSLY PAID, IF GREATER For Reissues, see above

Complete (if applicable)

**SUBMITTED BY**

Name (Print/Type) Kevin D. Wills

Registration No. 43,993

Telephone 480-441-4207

Signature

*Kevin D. Wills*

Mail Date July 31, 2001